

<b>Case Number:</b>	CM15-0082461		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 34 year old male, who sustained an industrial injury, April 24, 2009. The injured worker previously received the following treatments left knee arthroscopy, Ibuprofen, Norco, MS Contin, Oxycodone, Percocet, Tramadol, Testosterone enanthate, random toxicology laboratory studies and 12 sessions of physical therapy. The injured worker was diagnosed with left foot pain, chronic pain due to trauma, CRPS (complex regional pain syndrome) of the upper and lower extremities, erectile dysfunction, opioid induced hypogonadism and lumbar spasms. According to progress note of February 11, 2015, the injured workers chief complaint was neuropathic pain in the upper and lower extremities. The pain was related to CRPS following an occupational injury. The physical exam noted tenderness of the cervical spine at the C5-C6-C7 levels with bilateral upper extremity discomfort in a stocking glove pattern from the shoulders distally. There was allodynia present in the upper extremities and lower extremities and remains most severe in the upper extremities. The extremities had full range of motion without limitations. The injured worker had been taking Norco since October 27, 2009. The treatment plan included a prescription renewal for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2009 and continues to be treated for chronic neuropathic upper and lower extremity pain including a diagnosis of CRPS. Medications are referenced as improving function with an increased activity level and ability to perform activities of daily living. MS Contin, Norco, and Percocet are being prescribed at a total MED (morphine equivalent dose) of 135 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is in excess of that recommended. The claimant has not returned to work and has the side effect of opioid induced hypogonadism. Although the claimant has chronic pain and the use of opioid medication appears to be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.